PTO/SB/05 (08-03)

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Under the Paperwork Reduction Act of 1995, no	persons are required to respond t			valid OMB control number.				
UTILITY	Atto	rney Docket No.						
PATENT APPLICA	TION First	t Inventor	CARY HATT					
TRANSMITTAL		,	HIGH TORBUE BAU DIRECTIONAL DEF	ETHODS				
(Only for new nonprovisional applications under	er 37 CFR 1.53(b)) Exp.	ress Mail Label No.	EV 03704137	ta us	THEREOF			
APPLICATION ELEME See MPEP chapter 600 concerning utility patent		DRESS TO:	Mail Stop Patent Appli Commissioner for Pate P.O. Box 1450 Alexandria VA 22313-	ents				
Fee Transmittal Form (e.g., PTO/SB/f (Submit an original and a duplicate for fee Applicate for fee	occassing) 8. s \9]	Computer Programment Computer Programment Computer Computer b. Specificat i. CD-ii. Pap c. Statement ACCOMPAN	mino Acid Sequence essary) Readable Form (CRI for Sequence Listing ROM or CD-R (2 coper er ts venifying identity of VING APPLICAT	Submission F) on: iles); or fabove copies	10/64769			
4. Drawing(s) (35 U.S.C. 112) [Total S 5. Oeth or Declaration [Total S 6. Deth or Declaration [Total S 1. Declaration of the Complete of the Complete of the Complete of the Confirmation of the Complete of the Confirmation of the Complete of the Confirmation of the Complete of the Comp	heets] 10. theets] 11. 12. FR 1.63(d)) 13. 118 completed) 14. CFR 15. CFR 16.	10.						
18. If a CONTINUING APPLICATION, check specification following the title, or in an Applica Continuation Divisional	ppropriate box, and supply the tion Data Sheet under 37 CFF	e requisite information R 1.76:	or application No.: 09	st sentence of the				
Prior application information: Examiler For CONTINUATION OF DIVISIONAL APPS only: 15, is considered a part of the disclosure of the at The Incorporation can only be relied upon when a	companying continuation or div	r application, from white visional application and omitted from the subm	is hereby incorporate	ed by reference.]			
Customer Number:	19. CORRESPONDENT		Z Correspondence		1			
		UK ,	Correspondence	address below	1			
Name CAPY HATA Address 2500 SAN SIMON	ST.							
City TUSTIN	State	e CA	Zip Co	ode 92782	1			
Country USA	Telepho		ill4 Fax					
Name (Print/Type) CARY HA	TA Reg	gistration No. (Attorne	y/Agent) Date		ĺ			
Signature Cay Ha	ta		Date	8-25-03	J			

This collection of information is required by 3° CFR 133(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including glamping-propering, and submilling the completed application from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of line you require to complete this form antifor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pepartner and Trademant Cities, U.S. Departnered in Commence, P.O. Box 1439, Nexarding, VA 22311-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1430, Nexarding, VA 22311-1450.

1451 1,510 1451 1,510 Petition to institute a public use proceeding

55 Petition to revive - unavoidable

650 Petition to revive - unintentional

8-25-03

650 Utility issue fee (or reissue)

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1. B 1001 1002 1003

1005 160

2005 80

Provisional filing fee

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

SUBTOTAL (1) (\$) 375.00

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Under the Pape	erwork Re	duction Act of 1995	, no persons are requir	red to re	spond (to a coll	ection o	of information	on unless it displays a valid O	MB control number	
FEE TRANSMITTAL for FY 2003					Complete if Known						
					Application Number			er			
					Filing Date			1	B-25-03		
					First Nam d Inv ntor			tor	CARY HATA		
Effective 01/01/2003. Patent fees are subject to annual revision.					Examiner Name			7	J. JASTRZAB		
Applicant claims small entity status. See 37 CFR 1.27					Art Unit			\neg	3762		
TOTAL AMOUNT OF PAYMENT (\$) 375.00					Attorney Docket No.						
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)						
Check C		Entity	ONA! Small		s						
Deposit							Fee (\$)		Fee Description	Fee Paid	
Account Number					130	2051	65	Surcharge	- late filing fee or oath		
Deposit Account					50	2052		Surcharge cover shee	- late provisional filing fee or		
Name The Director is authorized to: (check all that apply)					130	1053	130	Non-Englis	h specification		
Charge fee(s) indicated below Credit any overpayments					2,520			-	request for ex parte reexamir	nation	
Charge any additional fee(s) during the pendency of this application.					920*	1804	920*	Requesting Examiner a	publication of SIR prior to action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					1,840*	1805	1,840*	Requesting Examiner	g publication of SIR after action		
FEE CALCULATION					110	2251			for reply within first month		
1. BASIC FILIN				1252	410	2252	205		for reply within second month	, 	
Large Entity Small Fee Fee Fee	Entity	Fee Description	Fee Pald	1253	930 1,450	2253 2254	465 725		for reply within third month		
Code (\$) Code	(\$)				1,450	2255	985		for reply within fourth month for reply within fifth month		
1001 750 2001	375)	Utility filing fee	3 1 5	1401	320	2401		Notice of A			
1002 330 2002		Design filing fee Plant filing fee		1402	320	2402			repeal ief in support of an appeal		
	375	Reissue filing fe		1403	280	2403		_	or oral hearing		

Total Claims20** = X = X				1503	630	2503	315	Plant issue fee			
Claims -3" = L ^ L			1460	130	1460	130	Petitions to the Commissioner				
Multiple Dependent				1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description		1806	180	1806	180	Submission of Information Disclosure Stmt					
Code		Code	(\$)	Fee Description	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	1	
1202 1201	18 84	2202 2201		Claims in excess of 20 Independent claims in excess of 3			2809		Filing a submission after final rejection (37 CFR 1.129(a))		
1203	280	2203	140	Multiple dependent claim, if not paid	1810	750	2810	375	For each additional invention to be		
1204	84	2204	42	** Reissue independent claims over original patent	1801	750	2801	375	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)		
				** Reissue claims in excess of 20	1802	900	1802	900			
1205	18	2205	9	and over original patent	1002	900	1002	900	of a design application		
**or	numbe.			TOTAL (2) (\$) If greater; For Reissues, see above		Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					
SUBMITTED BY						(Complete (if applicable))					
Name (Print/Type) CARY HATA				egistra	tion No.		Telephone 7/4 - 838-	-5114			

1452 110 2452

1453 1,300 2453

Fee from below Fee Paid 1502 470 2502 235 Design issue fee

1501 1,300 2501

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